



PRESENTS



Benefiting



Granbury/Hood County EMS
EST. 2002

Saturday August 1st at 7:00 am 1310 Paluxy Rd. Granbury, TX. 76048- Lake Granbury Medical Center Campus

Last Name: _____ First Name: _____
 Age: _____ Date of Birth: _____ Gender: (circle one) M F
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ E-mail: _____
 Event: (circle one) 75 Mile Tour- \$30.00 40 Mile Tour- \$30.00 20 Mile Tour- \$30.00
 T-Shirt Size: (circle one) Sm Med Lg XL XXL **All Mile Tours - Race Day - \$35**
 Packet Pick-up Location: (circle one)

Fort Worth Cycling and Fitness pick-up: 3 pm – 7 pm Thursday July 30th
 Hilton Garden Inn Granbury pick-up: 3 pm – 7 pm Friday July 31st
 Lake Granbury Medical Center pick-up: 5:30 am – 6:45 am Race Day

In consideration of my entry, I the undersigned, certify that I am medically able and adequately trained to participate in the Blazin' Saddle 75 bicycle tour, and do hereby assume full and complete responsibility for any injury or accident which may occur during my participation in the Blazin' Saddle 75 bicycle tour. I agree to abide by any decision of a race official relative to my ability to safely complete the cycling tour. I assume all risks associated with the Blazin' Saddle 75 bicycle tour including, but not limited to: falls, contact with other participants, the effects of the weather including high heat and / or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Cadence Race Productions LLC and volunteers, Blazin' Saddle 75, The City of Granbury, The City of Stephenville, Lake Granbury Medical Center, and all sponsors of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I agree to operate my bicycle in accordance with the laws of the state of Texas and the rules of the bicycle tour. I understand it is my responsibility to provide my own "ANSI" or "SNELL" approved helmet during my participation in the Blazin' Saddle 75 bicycle tour. I understand that no one is authorized to make statements or representations, either verbally or in writing in any way contradict this waiver and release of claim. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Race will be held regardless of the weather conditions. Registration is final, no refunds.

Signature: _____ Date: _____
 Signature of parent or guardian if under 18 years: _____ Date: _____
 Make checks payable to Cadence Race Productions Check # _____ Amount: _____

You can also register on-line at www.active.com – Blazin' Saddle 75

Mail in registration form to Cadence Race Productions, PO Box 1255 Granbury, TX 76048

T-shirts guaranteed to first 400 athletes